RI SOS Filing Number: 202033689210 Date: 2/3/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 03 2020
BY

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
10885	**GIL'S TELEVISION APPLIANCES, INC.**

3. Principal Office Address	City	State	Zip
397 Metacom Avenue	**Bristol**	**RI**	**02809**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
443141	**Appliance sales and service**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Lisa M. Sienkiewicz**			Vice-President Name **Gail A. Parella**		
Street Address **397 Metacom Avenue**			Street Address **397 Metacom Avenue**		
City **Bristol**	State **RI**	Zip **02809**	City **Bristol**	State **RI**	Zip **02809**
Secretary Name **Joseph Parella**			Treasurer Name **Lisa M. Sienkiewicz**		
Street Address **397 Metacom Avenue**			Street Address **397 Metacom Avenue**		
City **Bristol**	State **RI**	Zip **02809**	City **Bristol**	State **RI**	Zip **02809**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**500**	**Voting Common**	**No Par**
	500	**NonVoting Common**	**No Par**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Lisa M. Sienkiewicz, President	1-30-2020

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017